

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0661-0031

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
A0000303-01-DRK

In re Application of David Clive Blakemore

Application Number 09/920,215

Filed  
August 1, 2001For ALKYL AMINO ACID DERIVATIVES USEFUL AS  
PHARMACEUTICAL AGENTS

Group Art Unit 1625

Examiner Hector M. Reyes

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1))

\$ \_\_\_\_\_

☐ Two months (37 CFR 1.17(a)(2))

\$ \_\_\_\_\_

☒ Three months (37 CFR 1.17(a)(3))

\$ 920.00

☐ Four months (37 CFR 1.17(a)(4))

\$ \_\_\_\_\_

☐ Five months (37 CFR 1.17(a)(5))

\$ \_\_\_\_\_

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, to Deposit Account Number 23-0455.

☐ Have enclosed a duplicate copy of this sheet.

☐ I am the applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

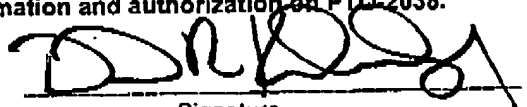
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.

11/21/02

Date



Signature

David R. Kurlandsky

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/87 (08-00)

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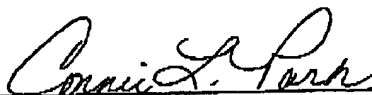
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## Certificate of Transmission under 37 CFR 1.8

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No. of Pages 2

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